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Miami, FL 33156
Dade: 305.255.6300
Broward: 954.563.9333
Fax: 305.235.5786

MEDICAL AND LOSS WAGE AUTHORIZATION

DATE: _____

To Whom It May Concern:

You are hereby authorized to furnish any and all medical information, including but not limited to hospital records, x-ray reports, psychological, drug, alcohol and H.I.V. testing and medical reports and medical opinions, which is requested by the Law Offices of GROSS & TELISMAN, P.A. to said law office, or to any member, representative or investigator of said law office.

This information also serves as an authorization to my employer to release and furnish all information concerning my wage/salary while under employment with said company in accordance with the Florida "No Fault" Automobile Insurance Law (Chapter 71.52.F.S).

Said law office has been retained to represent me in connection with a claim. Your full cooperation with my attorney is requested.

Disclose no information to any insurance adjuster or other person without written authority to do so.

A copy of this Authorization shall be treated as an original.

Client Signature

Social Security Number